



CENTERSTONE

REFERRAL FORM

Centerstone In-Home Treatment. . . *The Preferred Option for Youth at Risk. . .*

CLIENT NAME:		CENTERSTONE ID:	
DATE OF BIRTH:		SOC. SECURITY #:	
MCO/BHO:		OTHER INSURANCE?	
DATE OF REFERRAL FOR IN-HOME TREATMENT:			
NAME OF PARENT(S) OR LEGAL GUARDIAN:			
ADDRESS:			
CITY, ZIP CODE, AND COUNTY:			
PHONE NUMBER(S):			
NAME OF REFERRAL SOURCE AND FACILITY:			
REFERRAL SOURCE CONTACT INFORMATION:			

PRECIPITATING FACTORS/TARGET SYMPTOMS AND BEHAVIORS

A. Please provide a detailed summary of presenting problems:

B. Current symptoms/risk behaviors: (Explain how member is at risk of custody or higher level of care).

C. Recommended plan/focus of treatment:

Consumer Name: _____
 Centerstone ID: _____

SOCIAL SUPPORT SYSTEMS

A. Current situation: legal/living/educational/occupational status/ADL's.

BRIEF PAST TREATMENT HISTORY - Mental Health/Substance Abuse

MEMBER	A. Mental Health Treatment History - Inpatient/Outpatient:
FAMILY	B. Substance Abuse Treatment History - Inpatient/Outpatient:
MEMBER	A. Mental Health Treatment History - Inpatient/Outpatient:
FAMILY	B. Substance Abuse Treatment History - Inpatient/Outpatient:

MEDICAL

Medical Conditions and Concerns:

Acute and Chronic Medical Problems:

EPSDT STATEMENT: Please choose one of the following statements re EPSDT and answer w/YES or NO. If answer is No, explain how EPSDT assessments and treatment will be addressed.

- A. We attest that the EPSDT assessments have been completed and that any identified clinical needs are part of the Treatment Plan. YES or NO _____
- B. Caregiver attests that EPSDT assessments have been completed. YES or NO _____

CURRENT MEDICATIONS *(If client receives meds from Centerstone, you may omit this section)*

<u>Medication</u>	<u>Dose and Frequency</u>	<u>Start Date</u>

DIAGNOSES *(List all 5 axes) (If referral source is Centerstone, you may omit this section)*

I.	
II.	
III.	
IV.	
V.	

Contact Information for Referrals:

Outreach and Referral Coordinator – Elliot Pinsly (Elliot.Pinsly@Centerstone.org)

Phone 615-460-1254/Fax 615-279-6705

Nashville: Davidson, Rutherford, Williamson, Sumner, Wilson, Trousdale Counties
Contact Melissa Greene

Phone 615-460-4415/Fax 615-279-6705

Clarksville: Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Stewart Counties
Contact Julia Waskiewicz

Phone 931-920-7356/Fax 931-920-7332

Columbia: Giles, Hickman, Lawrence, Lewis, Marshall, Maury, Perry, Wayne Counties
Contact Deaven McGuire

Phone 931-490-1424/Fax 931-490-1402

Tullahoma: Bedford, Coffee, Franklin, Lincoln, Moore Counties
Contact Sherry Krickel

Phone 931-393-5939/Fax 931 393-5902

For general program information, contact Kathy Ballinger, Director

Phone 615-279-6759/Fax 615 279-6702